

Department of Workforce Services
H.E.A.T. Program/HELP/EAF Application
(Home Energy Assistance Target)



Instructions for H.E.A.T. Application:

This application must be completely filled out, signed, and dated. Copies of all the following documents must be included for all household members with this application or your application cannot be processed.

1. Household Verifications:

- Copy of a picture identification
- Copies of Social Security cards for everyone in the home, including children
- Copies of U.S. Customs and Immigration Services (USCIS) documents showing legal status in the U.S.

2. Income and Income Deductions Verifications:

- Copies of proof of all income received in the previous month by all household members (check stubs, Social Security card, retirement benefits, child support, alimony, etc.)
 - Explanation and documentation if income is less than living expenses
 - Proof of payment for any eligible medical expenses paid in the previous month
 - Proof of any child support or alimony paid the previous month, if applicable
- *Please note, if you are mailing an application, the previous month is the month prior to the month the application is postmarked.*

3. Energy Burden Verifications:

- Copies of the applicant's most recent utility bills (if for some reason the bills are not in the applicant's name, state the name on the bill and the reason the bill is not in the applicant's name.)
- A copy of the applicant's lease if the utilities are included in the rent, or have the landlord fill out a Landlord Statement form

4. Target Groups Verifications (additional funding is available for applicants with household members 60 or older, disabled, or under six):

- Driver's license or other official documentation indicating age 60 or older
- Copy of the birth certificate for a child five years old or younger in the home
- Proof of a disability, if applicable

5. Additional Documentation may be required. Relevant third parties may be contacted to verify information provided.

**Remember to include a phone number where you can be reached
if we have questions or need other documents.**

Send copies only, as originals will not be returned.

If the application is not filled out correctly or is lacking documentation, it will be denied.

If you live in this county:	Please mail the application to:
Salt Lake, Tooele	SALT LAKE COMMUNITY ACTION HEAT PROGRAM 764 S 200 W SALT LAKE CITY UT 84101
Davis, Morgan, Weber	FUTURES THROUGH TRAINING HEAT PROGRAM 1140 36TH STREET STE 150 OGDEN UT 84403-2046
Summit, Utah, Wasatch	MOUNTAINLAND AOG HEAT PROGRAM 586 E 800 N OREM UT 84097
Beaver, Garfield, Kane, Iron, Washington	HEAT PROGRAM 168 N 100 E STE 255 ST GEORGE UT 84770
Juab, Millard, Piute, Sanpete, Sevier, Wayne	SIX COUNTY ASSOCIATION OF GOVERNMENTS HEAT PROGRAM PO BOX 820 RICHFIELD UT 84701
Carbon, Emery, Grand, San Juan	SOUTHEASTERN UTAH ASSOCIATION OF LOCAL GOV- ERNMENTS HEAT PROGRAM PO BOX 1106 PRICE UT 84501
Box Elder	BEAR RIVER ASSOCIATION OF GOVERNMENTS HEAT PROGRAM 2535 S HIGHWAY 89 PERRY UT 84302
Cache or Rich	BEAR RIVER ASSOCIATION OF GOVERNMENTS HEAT PROGRAM 170 NORTH MAIN LOGAN UT 84321
Daggett, Duchesne or Uintah	UINTAH BASIN ASSOCIATION OF GOVERNMENTS HEAT PROGRAM 330 E 100 S ROOSEVELT UT 84066

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1. Applicant information:

Name: _____ Date: _____
First Middle Last

Social Security #: _____ Gender: ☐ Male ☐ Female Birth Date: _____
Month Day Year

Street address: _____ Mailing address: (if different) _____

Apartment Complex Name _____

Street Address Unit Number Street Address or PO Box

City State Zip City State Zip

Phone number: _____ Secondary phone number: _____

Email address: _____

2. Have you applied for HEAT assistance before? ☐ Yes ☐ No Date: _____ Office: _____

3. Ethnic background: ☐ Native American ☐ White ☐ Hispanic ☐ Black ☐ Asian
☐ Pacific Islander ☐ Other: _____

4. Are you a U.S. Citizen? ☐ Yes ☐ No **If no, provide documentation of legal residency**

5. Other persons in household including other adults and children: *(continue list on back if needed)*

Name (First, Last)	Relation	Birth date mm/dd/yyyy	Age	Social Security Number	Sex	Income	Citizen
					M F	Y N	Y N
					M F	Y N	Y N
					M F	Y N	Y N
					M F	Y N	Y N
					M F	Y N	Y N

6. Household Composition:

Child under age 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child age 3 through 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age 60 and older	<input type="checkbox"/> Yes <input type="checkbox"/> No	Handicapped/disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. Citizens (all?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Receiving SNAP (Food Stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Adults: _____ Number of children (under 18): _____ Total # in household: _____			

7. Your dwelling is a: (check one):

<input type="checkbox"/> House	<input type="checkbox"/> Apartment (3 or more units)	<input type="checkbox"/> Duplex	<input type="checkbox"/> Basement apartment
<input type="checkbox"/> Mobile home	<input type="checkbox"/> Small trailer	<input type="checkbox"/> Boarding room	<input type="checkbox"/> Condo
			<input type="checkbox"/> Townhouse

8. Do you rent or own your home? ☐ Rent ☐ Own What is your primary heating source? _____

What is your secondary heating source? _____ What is your primary cooling source? _____

9. Is your rent subsidized? ☐ Yes ☐ No How much is your monthly rent/mortgage payment? \$ _____

10. Does your rent include utilities? ☐ Yes ☐ No Which utilities? _____

11. H.E.A.T. payment is to be issued to the following utility(ies) in the percentages listed below (100%, 50/50%, or 25/75%). The utility vendor and percentage cannot be changed after the application is submitted. Be sure to circle the account status for each utility. If you circle 48 HR you must include a copy of the 48 hr shut-off notice. For propane, circle **on** if you have fuel, **off** if you are out of fuel, and 48 HR if you will run out of fuel within 48 hours.

%	Name of Utility Vendor(s)	Account Status (circle one)	Utility Account Number(s)	Name on Account (provide explanation if not applicant)
		ON / OFF / 48 HR		
		ON / OFF / 48 HR		

Name of electricity vendor and account number if not included above: _____

12. Income: Indicate which sources of income and/or assistance you and anyone living in your household receive. Attach all pay stubs and documentation of all other income for LAST MONTH. Any adults in the household with no income or net business profit must complete and include a Income Deficit Statement form.

Earned Income Type	Y / N	Name of Recipient	Date Paid	Gross Amount	How often is income received? (weekly, bi-weekly, twice monthly, monthly)
Employment	Y / N				
Employment	Y / N				
Employment	Y / N				
Employment	Y / N				
Self-employment	Y / N				
Self-employment	Y / N				

Unearned Income Type	Y / N	Name of Recipient	Date Paid	Gross Amount	How often is income received? (weekly, bi-weekly, twice monthly, monthly)
Social Security, SSI, SSD	Y / N				
Social Security, SSI, SSD	Y / N				
Social Security, SSI, SSD	Y / N				
Unemployment	Y / N				
Unemployment	Y / N				
Alimony	Y / N				
Alimony	Y / N				
Child Support	Y / N				
General Assistance	Y / N				
Pension	Y / N				
Railroad Retirement	Y / N				
Rental Property	Y / N				
Retirement	Y / N				
TANF/FEP	Y / N				
Veterans Benefits	Y / N				
Workers Comp	Y / N				
Other	Y / N				

Attach an additional sheet if needed to provide information from all income sources for all household members.

13. Medical Deductions: List any health, dental, or vision insurance premiums, payments for prescription medicines, oxygen, glasses/contacts, hearing aids, and payments to doctors, hospitals, or medical/dental clinics paid **last month**. All receipts must be paid in the same month as the month of income listed in number 12. (Attach additional sheet if needed.)

Name of Person	Type of Medical Expense	Proof of Payment	Date Paid	Amount Paid

14. Alimony/Child Support Deductions: Did you or anyone in your household pay alimony or child support last month? ☐ Yes ☐ No

If yes, you must include copies of the receipts with this application. All receipts must be paid in the same month as the month of income listed in question 12.

DECLARATION: I understand that neither the vendor nor the percentage of my H.E.A.T. payment may be changed. By signing this application, I certify under penalty of perjury that the information I provided on this application is true, and that giving false information may require repayment of any funds received. I agree to cooperate with state and federal officials in any review of my application and to provide information necessary to verify any statement herein. I give permission for my utility companies to provide my billing and usage information to the state of Utah. I hereby authorize H.E.A.T. program officials to make inquiry of persons, companies, financial institutions, and other state and federal agencies to assist in the processing of my application. I understand that if I do not provide the necessary information to establish my eligibility within 10 days from this date that my application may be denied. I understand that I have the right to a Fair Hearing if my application is denied. I further understand that if Federal H.E.A.T. funds are exhausted prior to processing this application, the State of Utah is under no obligation to make payment. I understand that if my application is denied or if the local office has failed to act upon my application within 45 days, I have the right to request a Fair Hearing. I verify that, if eligible, I would like to receive the Rocky Mountain Power (RMP) HELP discount program and Questar Gas Energy Assistance Fund (EAF) credit.

Signature: _____ Date: _____

OFFICE USE ONLY		
1. Income Formula Total NET Income \$ _____ divided by 100% of the Poverty Amount for a household size of _____ (see table) \$ _____ = _____ % (Ineligible if over 150%) Subtract the % amount from \$205.00 = \$ _____ Total #1: \$ _____	2. Energy Burden Fuel Type: _____ Household Energy Cost (Select one): • Actual Costs \$ _____ • House Standard \$ _____ • Apt. Stand. \$ _____ • Room & Board Stand. _____ (10% of rent) Divide Energy Cost selected above by total NET income _____ = _____ X \$7.00 = _____ (Max. of 25) Total #2: \$ _____	3. Target Groups <ul style="list-style-type: none"> • Child under 6 • Disabled • Over 60 (If household has any members in a target group add \$150) Total #3: \$ _____
Add totals from boxes 1, 2, & 3 for estimated Total HEAT Benefit: \$ _____		

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.